

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Christophe de ROMEUF et al.

Title: ANTIBODY FOR ADCC AND INDUCING  
CYTOKINE PRODUCTION

Appl. No.: 10/527,664

Filing Date: 09/19/2005

Examiner: Chun Wu Dahle

Art Unit: 1644

Confirmation  
Number: 5235

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Additional Rate		Claims Fee	
	25	-	26	=	0	x	\$52.00	=	\$0.00	
Independent Claims:	1	-	3	=	0	x	\$220.00	=	\$0.00	
First presentation of any Multiple Dependent Claims:					+		\$390.00	=	\$0.00	
							CLAIMS FEE TOTAL	=	\$0.00	

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the first month:	\$130.00	\$130.00
[ ] Extension for response filed within the second month:	\$490.00	\$0.00
[ ] Extension for response filed within the third month:	\$1,110.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$130.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$130.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$130.00

A credit card payment form in the amount of \$130.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 31-JUL-2009

By 

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